

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2831

State File No.

FILED JAN 26 1951

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 537	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 9-mon.		c. CITY OR TOWN St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ann's Home, 5301 Page Blvd				d. STREET ADDRESS (If rural, give location) 5 5740 Cates Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) E. c. (Last) Motch				4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1951			
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2		8. DATE OF BIRTH Unk. Unk. 1871	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ky. /	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME John Mahoney				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mr. Charles Motch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Lee Motch, 2517 W. Sullivan Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 7 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222			
22. I hereby certify that I attended the deceased from Jan 8, 1951, to Jan 17, 1951, that I last saw the deceased alive on Jan 17, 1951, and that death occurred at 11:15 PM from the causes and on the date stated above.							
23a. SIGNATURE Dr. Mrs. J. Langan Jr. M.D. (Degree or title)				23b. ADDRESS 5803 Pleymouth Cr.		23c. DATE SIGNED Jan 18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 18 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. H. Van Matre

Signed.....
Student Embalmer

Licensed Embalmer No.....

2823

P. O. Address.....

4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.